

LOL 0000 01128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

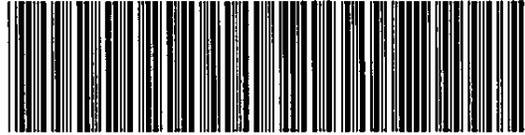
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
NOV -5 AM 11:07

J. Shivers NOV 06 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IP 1900-1902 Ocala, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah L Kriner

Name of Person

IP 1900-1902 Ocala, LLC

Firm/Company

1061 E Indiantown Road, Suite 500

Address

Jupiter, FL 33477

City/State and Zip Code

DKriner@idealteam.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah L Kriner

Name of Person

561 472-0232

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IP 1900-1902 Ocala, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/04/2006 and assigned Florida document number L06000001128.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Deborah L Kriner

New Registered Office Address: 1061 E Indiantown Road, Suite 500
Enter Florida street address

Jupiter, Florida 33477
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

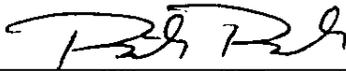
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ideal Properties Management Inc	1061 E Indiantown Road	<input checked="" type="checkbox"/> Add
		Suite 500	<input type="checkbox"/> Remove
		Jupiter, FL 33477	
MGR	Ideal Properties Management Inc	1201 US Highway One	<input type="checkbox"/> Add
		Suite 350A	<input checked="" type="checkbox"/> Remove
		North Palm Beach, FL 33408	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 8, 2013.



Signature of a member or authorized representative of a member

Rick Rider

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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STATE OF CALIFORNIA
SANTA ANA COUNTY